

Wisconsin Medicaid and BadgerCare Service-Specific Information • July 2003 • No. 2003-45

7

I.M. BILLING
ONE WEST WILLIAMS
ANYTOWN, WI 55555

R/S NUMBER

1 2 3 4 5 6 7 8 9

12345678

REPORT SEQ NUMBER

3

DATE _____

MM/DD/YY

PAGE

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PATIENT NAME/ID NUMBER				MEDICAL RECORD NO				PATIENT CONTROL NO				CLAIM NUMBER				OTHER	COPAY	PAID	EOB CODES										
SERVICE DATES		U	N	PERF	PROV/	DAYS	PROC/ACCOM/	PROCEDURE/ACCOMODATION/DRUG				TOTAL	TOTAL	DEDUCTED															
FROM	TO	D	S	RX	NUMBER	QTY	DRUG CDE/M1 M2 M3 M4	DESCRIPTION				BILLED	ALLOWED	CHARGES			AMOUNT												
ADJUSTMENT TO CLAIMS																													
RECIPIENT IM 110603 110603		/ 1234567890				100	99201	399892XXXXXXX				2200	00	00	00	00	743 80												
123 THIS IS AN ADJUSTMENT TO PREVIOUS CLAIM 209890XXXXXXX PAID ON 120703																													
RECIPIENT 110603 110603		/ 1234567890				100	99201	209890XXXXXXX				-2200	-1623	00	-100	-1523	118												
CLAIM TOTAL																			-2200	-1623	00	-100	-1523						
601 RECEIVABLE ESTABLISHED FOR A BALANCE OF \$15.23 WHICH WILL BE WITHHELD FROM FUTURE PAYMENTS																													
CLAIM TYPE SUB-TOTAL																			00	-1523									
PAID CLAIM TOTALS																			2200	00									
CLAIMS PAYMENT SUMMARY																													
CLAIMS PAID																			CLAIMS AMOUNT				WITHHELD AMOUNT	CREDIT AMOUNT	NET 1099 AMOUNT				
CURRENT PROCESSED																			.00				00	00	00				
YEAR - TO - DATE TOTAL																			.00				00	00	00				
THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED ABOVE																													
80 SERVICE(S) DENIED DIAGNOSIS SUBMITTED DOES NOT INDICATE MEDICAL NECESSITY																													
118 PAYMENT RECOUPED FOR PREVIOUS CLAIM INCORRECTLY PAID. NO ACTION REQUIRED.																													
743 THIS ADJUSTMENT WAS INITIATED BY EDS/DHCF STAFF. IT CORRECTS A MISPAYMENT FOUND DURING CLAIMS PROCESSING OR RESULTING FROM RETROACTIVE FILE CHANGES.																													